No. 16-2

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Charles Donaldsex
Sex M Date of Death Dec 35, 1976
Place of Malborough Ma
Date of Birth Jan 2, 1890
Immediate gastric hemorshage
Certifier Joha Paul aheamboo
Permit MONIS Lenes al Hemes
Disposition Hope Convery
Name of MOUIS F. W.
Date Permit 100 17, 2016

R-309-10 The Commonwealth of Massachusetts

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Tor. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink. A satisfactory death certificate having been filed for and who died of Permission is hereby given for (check all appropriate boxes): [] Disposition at: name and address of cemetery or crematory [] Transportation to: name and address of immediate destination of remains Permission is hereby given to:

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

18-309-10 The Commonwealth of Massachusetts

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town cierk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink. born on who resided at Permission is hereby given for (check all appropriate boxes): Removal from: [] Transportation to: name and address of immediate destination of remains Permission is hereby given to: address of facility





PERMIT

State File#

2016 036682

RECEIVED

TOWN CLERK'S OFFICE

nformation necessar	y for the	Certificate	of Death	has b	een completed for:
---------------------	-----------	-------------	----------	-------	--------------------

2017 JUL -5 A II: 10

	Decedent Name	BEALS, EL	AINE					SOL	JTHBORO	UGH, MA	
	Place of Death	2 CHESTNUT	HILL R	OAD, SO	JTHBOROUGI	H, MA					
ı	Date of Death	AUGUST 21, 2	2016		Da	te of Birth	FEBRUARY	01, 1923	Sex	FEMALE	
EN	Residence	2 CHESTNUT	HILL R	OAD, SO	JTHBOROUGI	H, MASSA	CHUSETTS	01772			
DECEDENT		pecify war/conflict	(s) (most re	ecent)							_
DE	NO Branch of militar	nı (most racant)			z	Rank/orami	zation/outfit(mos	st racent)			
		y (most recent)			-		20110110111911(11101	, recein,			
	Date entered (mo	st recent)		Da	te Discharged (m	ost recent)	Service	:Number(mos	st recent)		
_	Certifier URSU	LA COLLINSO	N MD					54214			_
IER		BOYLSTONS'	•	WORCES	TED MASSAC	THISETT					
TIF	Immediate Cause		ittesi,	WORCES	ILAG MASSIN	- TOSEI I	5 01005				
CERTIFIE		DYSFUNCTIO	ON								
											_
Th	is permit autho	rizes the follow	ing Fune	ral Service	Licensee or De	signee to r	emove, dispos			as listed below:	_
z		e/Designee PHIL							ic # 50881		
rio	Facility. WILL	IAM R. SHORT	Γ& SON	FUNERA	L HOME, MAF	RLBOROU	IGH, MASSA	CHUSETT	S		
SI		CREMATION					Date of D	isposition A	UGUST 24,	2016	
DISPOSITION	Place/Address	CEMETERY A	ND CDE	MATODY	7 ICT AND DA	OAD WO	DOESTED M	IACC ACUI	ICETTC 014	0.2	
0	ALL FAITHS	CEVIETERI A	IND CRE	MAIORI	, / ISLAND R	JAD, WO	RCES LER, W	IASSACII)2F1 12 010	103	
En	dorsements						, , , ,				_
	Registry of Vita	l Records and Sta	tistics		Board of Health	/Agent for:	SOUTHBORG	OUGH			_
TIF	State Tracking #				Local Permit#	E-PERM					_
PERMIT	Date	AUGUST 24	. 2016		Date						
Ā			,, 2010		Name of Agent	_					
_											_
TION		that the remains			cordance with its			below:			
ATI	Place of Disposit	tion (Facility Name	and Addr	ess)		Signatur	e A A	//			
Σ	Riverside Cemetery Glenatienstreet					الم ¹ لطر	$\gamma \sim$				
ONFIR	uncl	hendon	mAC	01475	•	X					
CON	Disposition Type			Disposition		1 -	Superintendent o		_		
	Buri	a	JU	ne 10.	2017	1 G-	eorge	LaBa	ral		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

Commonwealth of Massachusetts Registry of Vital Records and Statistics

State File #

2016 036682

	1		OSITION, R				
	0150575	OR T	TRANSPOR		DECEIVED		
Form	n R-309 07012014		PERMIT	Ľ	RECEIVED Town Clerk's off	CF	
Inf	ormation necessary for the Cert	ificate of Death ha	s been completed	d for:	TO THE WALL OF THE	O.	
L.,					2016 SEP - 7 P 3:	18	
	Decedent Name BEALS, EL					•	
	Place of Death 2 CHES TNUT	HILL ROAD, SO	UTHBOROUGH	I, MA	SOUTHBOROUGH, M	A	
F	Date of Death AUGUST 21, 2	016	Dat	te of Birth FEE	BRUARY 01, 1923 Sex FEMALE		
DE		HILL ROAD, SO	UTHBOROUGH	I, MASSACHU	US EFTS 01772		
ECEDEN	If U.S. veteran, specify war/conflict(s) (most recent)					
D	Branch of military (most recent)	R	ank/organization	v/outfit(most recent)			
		_		-			
	Date entered(most recent)	<i>Da</i>	ate Discharged (mo	st recent)	Service Number(most recent)		
~	Certifier URSULA COLLINSO	N, MD			Lic # 154214		
FIE	Addr. 1 WEST BOYLSTONS	FREET, WORCES	TER, MASSAC	HUSETTS 010	605		
ERTIFI	Immediate Cause of Death AUTONOMIC DYS FUNCTION)N					
11			e Licensee or Des	signee to remov	ve, dispose or transport remains as listed below	/ :	
z	Funeral Licensee/Designee PHILLIP R. SHORT Lic # 50881						
TIG	Facility. WILLIAM R. SHORT & SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS						
081	Disposition Type CREMATION		Date of Disposition AUGUST 24, 2016 Y, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603				
DISPOSITION	Place/Address ALL FAITHS CEMETERY A	ND CREMATORY					
a			-,	,			
Er	dorsements						
<u>_</u>	Registry of Vital Records and Sta	tistics	Board of Health	/Agent for: SOU	UTHBOROUGH		
MIT	State Tracking # 036682		Local Permit #	E-PERMIT			
PER	Date AUGUST 24	, 2016	Date				
			Name of Agent				
z	I hereby certify that the remains	vere disposed of in a	ccordance with its	terms at the plac	ce and date below:		
A T10	Place of Disposition (Facility Name	and Address)		Signature			
M					$\Omega = \Omega = \Omega$		
FIRM	All Faiths Crema	tory, Worces	ster	X	Jean T. Uprderson		
CON	Disposition Type	Date of Disposition		Name of Supe	Intendent or Authorized Designee:		
١	Cremation	9/2	06/2016		Sean P. Anderson		

Acceptance of Permit

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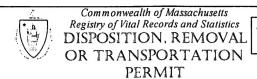
A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

RECEIVED

SEP -7 2016





2016 036682 State File #

Into	ormation necessary for the C	ertificate of Death na	is been complete	ı ior;				
	Decedent Name BEALS ,	ELAINE						
	Place of Death 2 CHESTN	UT HILL ROAD, SO	UTHBOROUGH	I, MA				
т	Date of Death AUGUST 2	1, 2016	Da	e of Birth	FEBRUARY	01, 1923	Sex	FEMALE
ENT	Residence 2 CHESTN	UT HILL ROAD, SO	UTHBOROUGH	I, MASSA	ACHUS ETTS	01772		
ECED	If U.S. veteran, specify war/con	lict(s) (most recent)						
D E	NO Branch of military (most recent	•	R	ank/organ	ization/outfit(mo	st recent)		
	Date entered(most recent)	D.	ate Discharged (ma -	st recent)	Service	e Number(mos	t recent)	
~	Certifier URSULA COLLIN		Lic # 1	154214				
TIFIER	Addr. 1 WEST BOYLSTON	STREET, WORCES	STER, MASSAC	HUSETT	TS 01605			
CERT	Immediate Cause of Death AUTONOMIC DYS FUNC	ΓΙΟΝ						
Th	is permit authorizes the fol	owing Funeral Servic	e Licensee or De	signee to	remove, dispos			as listed below:
z	Funeral Licensee/ Designee Pl	IILLIP R. SHORT				L	ic # 50881	
	Facility. WILLIAM R. SHORT & SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS							
SIT	Disposition Type CREMATION	ON		Date of Disposition AUGUST 24, 2016				
DISPOSITIO	Place/Address ALL FAITHS CEMETERY	AND CREMATOR	Y, 7 IS LAND RO	OAD, WO	RCESTER, N	MASSACHU	SETTS 010	603
En	dorsements							
	Registry of Vital Records and	Statistics	Board of Health	/Agent for	: SOUTHBOR	OUGH		
PERMIT	State Tracking # 036682		Local Permit#	16-12				
ER	Date AUGUS 7	24, 2016	Date	AUGUS	T 24, 2016			
-			Name of Agent	JAMES	F. HEGARTY	<u> </u>		
z	I hereby certify that the rema	ins were disposed of in a	ccordance with its	terms at tl	he place and dat	te below:		
FIRMATIO	Place of Disposition (Facility)	lame and Address)		Signatu	re			
Υ								
FIR				X				
CON	Disposition Type	Date of Disposition	n	Name o	f Superintendent	or Authorized	Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION

State File # 2016 045533

RECEIVED DEC 02 2016

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

Southborough Board of Harm

	Decedent Name	RHODES, MARY L		Board of Health				
	Place of Death	3 BOSWELL LANE, SOUTHB	OROUGH, MA					
_	Date of Death	OCTOBER 18, 2016	Date of Birth	DECEMBER 17, 1957 Sex FEMALE				
DE	Residence	3 BOSWELL LANE, SOUTHB	OROUGH, MASSACHUSI	ETTS 01772				
DECEDENT	If U.S. veteran, s	pecify war/conflict(s) (most recent)						
-	Branch of milita	ry (most recent)	Rank/organ	zation/outfit(most recent)				
	Date entered(mo	ost recent)	Date Discharged (most recent)	Service Number(most recent)				
~	Certifier JAME	S E HOWE, MD		Lic # 71209				
Addr. 24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772 Immediate Cause of Death ENDOMETRIAL CANCER								
RTI	Immediate Caus							
CE	ENDOMETRI	AL CANCER						
TI	nis permit autho	orizes the following Funeral Serv	ice Licensee or Designee to 1	remove, dispose or transport remains as listed below:				
z	Funeral License	el Designee NANCY G MORRIS	Lic # 50277					
1 =	Facility. MOR	RIS FUNERAL HOME, SOUTH	BOROUGH, MASSACHUS	SETTS				
SITIO	1	RIS FUNERAL HOME, SOUTH c CREMATION	BOROUGH, MASSACHUS	SETTS Date of Disposition OCTOBER24, 2016				
P 0 S	Disposition Type Place/Address	e CREMATION		Date of Disposition OCTOBER24, 2016				
os	Disposition Type Place/Address			Date of Disposition OCTOBER24, 2016				
DISPOS	Disposition Type Place/Address	e CREMATION		Date of Disposition OCTOBER24, 2016				
SOASIQ E	Disposition Type Place/Address RURAL CEM	e CREMATION		Date of Disposition OCTOBER24,2016 HUS ETTS 01605				
DISPOS	Disposition Type Place/Address RURAL CEM	e CREMATION ETERY, 180 GROVE STREET, al Records and Statistics	WORCESTER, MASSACI	Date of Disposition OCTOBER 24, 2016 HUS ETTS 01605 E SOUTHBOROUGH				

Name of Agent ---

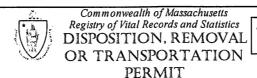
2 I hereby certify that the remains were disposed of in accordance with its terms at the place and date below	•
Place of Disposition (Facility Name and Address) Signature	
z cremaruet of	0 4
Place of Disposition (Facility Name and Aldress) Signature Pural Crematic Street AUTAL Crove Street NA 01605	. H Cohll
A GIOVE MA	
o Disposition Type \ \ D \ D \ D \ D \ D \ D \ D \ D \ D	horized Designee:
OCT 2 7 2016 Toho 4	H Cobill

Acceptance of Permit Cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File # 2016 045533

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	RHODES, N	MARY L						
	Place of Death	3 BOSWELL L	ANE, SOUTHB	OROUGH, MA					
£	Date of Death	OCTOBER 18,	2016	Da	te of Birth	DECEMBER	17, 1957	Sex	FEMALE
DEN	Residence			OROUGH, MASS	ACHUS	ETTS 01772			
ECEDENT		pecify war/conflict(s) (most recent)						
D E	NO Branch of militar	ry (most recent)		R	ank/organ	nization/outfit(mos	it recent)		
					-	g	N I/		
	Date entered(mo	st recent)		Date Discharged (mo 	st recent)	Service	Number(most r	eceni)	
~	Certifier JAME	S E HOWE, MI)			Lic # 7	1209		
	Addr. 24 NEW	TON STREET, S	OUTHBORO,	MASSACHUSET	TS 01772				
RTIFIE	Immediate Cause								
CE	ENDOMETRI	AL CANCER							
Th	is permit autho	rizes the followi	ng Funeral Servi	ce Licensee or De	signee to	remove, dispos	e or transport	remains	as listed below:
7	Funeral License	e/Designee NANC	CY G MORRIS				Lic	# 50277	
101	Facility. MOR	RIS FUNERAL I	HOME, SOUTH	BOROUGH, MAS	SACHU	SETTS			
POSITION	Disposition Type	CREMATION				Date of D	isposition OC	TOBER 2	4, 2016
SPO	Place/Address	ETEDY 190 CD	OVE STREET	WORCESTER, N	11221C	HUS FTTS 016	:05		
DIS	RURAL CEM	EIERY, 180 GR	OVE STREET,	WORCES IER, I	IASSAC	11032113010	05		
En	dorsements								
	Registry of Vita	l Records and Sta	tistics	Board of Health	/Agent for	: SOUTHBORG	OUGH		
ERMIT	State Tracking #	045533		Local Permit#	16-16				
PER	Date	OCTOBER 2	20, 2016	Date	OCTO	BER 24, 2016			
-				Name of Agent	JAMES	F. HEGARTY			
z	I hereby certify	that the remains v	vere disposed of in	accordance with its	terms at t	he place and date	e below:		
T10	Place of Disposi	tion (Facility Name	and Address)		Signatu	re			
M A					1				
FIRMATION			•		X				
CON	Disposition Type	2	Date of Disposition	on	Name of Superintendent or Authorized Designee:				
. ~	ı				1				

Acceptance of Permit

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64539



Form R-309 07012014



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

State File#

2016 037343

OCME CASE # 2016-1062 RECEIVED

SOFFICE

Inf	ormation necessary for the Certificate of Deat	h has been completed fo	or: 70	16 OCT -3 1P 2: 03		
L		T. 2. 600				
	,	JAMES	St	OUTHBOROUGH. MA		
	Place of Death 12 E MAIN STREET, SOUT					
Ŀ	Date of Death AUGUST 26, 2016	Date o	f Birth OCTOBER 25, 1960	Sex MALE		
DEN	Residence 12 E MAIN STREET, SOUT	HBOROUGH, MASSA	CHUSETTS 01772			
DECEDEN	If U.S. veteran, specify war/conflict(s) (most recent)					
DE	NO Branch of military (most recent)	Rani	dorganization/outfit(most recent)			
	Date entered(most recent)	Date Discharged (most r	ecent) Service Number(m	ost recent)		
~	Certifier ANAND B. SHAH, MD		Lic # 263749			
124	Addr. 720 ALBANY STREET, BOSTON, MA	ASSACHUSETTS 0212	5			
CERTIFI	Immediate Cause of Death PENDING					
TI	nis permit authorizes the following Funeral Se	rvice Licensee or Desig	nee to remove, dispose or transp			
7	Funeral Licensee/ Designee NANCYG MORRIS	3		Lic # 50277		
12	Facility. MURKIS FUNERAL HUME, SOUT	THBOROUGH, MASS	ACHUSETTS			
SITIC	Disposition Type CREMATION	THBOROUGH, MASS		S EPTEMBER 05, 2016		
ISPOSITIO	Disposition Type CREMATION Place/Address		Date of Disposition S			
DISPOSITIO	Disposition Type CREMATION		Date of Disposition S			
	Disposition Type CREMATION Place/Address		Date of Disposition S			
Er	Disposition Type CREMATION Place/Address RURAL CEMETERY, 11 CORDAVILLE RO	OAD, SOUTHBOROU	Date of Disposition S			
Er	Disposition Type CREMATION Place/Address RURAL CEMETERY, 11 CORDAVILLE Red	OAD, SOUTHBOROU Board of Health/Ag	Date of Disposition S			
Er	Disposition Type CREMATION Place/Address RURAL CEMETERY, 11 CORDAVILLE Red dorsements Registry of Vital Records and Statistics	OAD, SOUTHBOROU Board of Health/Ag Local Permit# 16	Date of Disposition S GH, MASSACHUSETTS 0177 ent for: SOUTHBOROUGH			
Er	Disposition Type CREMATION Place/Address RURAL CEMETERY, 11 CORDAVILLE Red dorsements Registry of Vital Records and Statistics State Tracking # 037343	Board of Health/Ag Local Permit # 16 Date A	Date of Disposition S GH, MASSACHUSETTS 0177 ent for: SOUTHBOROUGH 1-13			
E TIMBE N	Disposition Type CREMATION Place/Address RURAL CEMETERY, 11 CORDAVILLE RO dorsements Registry of Vital Records and Statistics State Tracking # 037343 Date AUGUST 29, 2016 I hereby certify that the remains were disposed of	Board of Health/Ag Local Permit # 16 Date Ai Name of Agent JA	Date of Disposition S GH, MASSACHUSETTS 0177 Tent for: SOUTHBOROUGH 5-13 UGUST 29, 2016 AMES F. HEGARTY ms at the place and date below:	2		
PERMIT E	Disposition Type CREMATION Place/Address RURAL CEMETERY, 11 CORDAVILLE Red dorsements Registry of Vital Records and Statistics State Tracking # 037343 Date AUGUST 29, 2016	Board of Health/Ag Local Permit # 16 Date A Name of Agent JA Tin accordance with its ten	Date of Disposition S GH, MASSACHUSETTS 0177 Gent for: SOUTHBOROUGH G-13 UGUST 29, 2016 AMES F. HEGARTY ms at the place and date below: Gignature	2 Cohll		

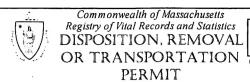
Acceptance of Permit

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SEP 0 7 2016

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2016 037343

OCME CASE # 2016-10622

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	MERLONI,	JEFFREY JA	MES							
	Place of Death	12 E MAIN ST	REET, SOUTHB	OROUGH, MA							
ے	Date of Death	AUGUST 26, 20	016	Da	te of Birth	OCTOBER 25, 1960	Sex	MALE			
ECEDENT	Residence	12 E MAIN ST	REET, SOUTHB	OROUGH, MAS	SACHUS	ETTS 01772					
CEL		pecify war/conflict(.	s) (most recent)								
DE	NO Branch of militar	v (most recent)		Rank/organization/outfit(most recent)							
		<i>y</i> (
	Date entered(mo	st recent)	De	ate Discharged (m	st recent)	Service Number(most r	ecent)				
	Certifier ANAN	D B. SHAH, MI)	•		Lic # 263749					
CERTIFI	Immediate Cause		,								
CE	PENDING										
Th	is nermit autho	rizes the followi	ng Funeral Servic	e Licensee or De	signee to	remove, dispose or transport	remains	as listed below:			
		Designee NANC					# 50277				
Z		J	HOME, SOUTHB	ODOLICH MA	S ACHTI	e ette					
II	•		HOWIE, SOUTHI	OKOUGII, MA	SACIIO	Date of Disposition SEI	TEMBEL	2 05 2016			
0.0	Disposition Type Place/Address	CREWIATION				Date of Disposition 3 La	LEVIDEA	X 03, 2010			
DISPOSITIO		ETERY, 11 CO	RDAVILLE ROA	D, SOUTHBOR	OUGH, M	IASSACHUSETTS 01772					
En	dorsements										
ı		Records and Stat	istics			: SOUTHBOROUGH					
PERMIT	State Tracking #			Local Permit#	16-13						
PEF	Date	AUGUST 29,	2016	Date	AUGUS	Т 29, 2016					
				Name of Agent	JAMES	F. HEGARTY					
z	I hereby certify	that the remains w	vere disposed of in a	ccordance with its	terms at th	ne place and date below:					
110	Place of Disposit	ion (Facility Name	and Address)		Signatu	re					
M A											
FIR					X						
CONFIRMATIO	Disposition Type	Date of Disposition	1	Name oj	Superintendent or Authorized D	esignee:					
٦					1						

Acceptance of Permit

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION **PERMIT**

State File#

2016 037611

Information necessary for the Certificate of Death has been completed for:

2016 OCT - 3 P 2: d2

Decedent Name LEEDS JR. JOHN HUNTING SOUTHBOROUGH, MA Place of Death 118 MIDDLE ROAD, SOUTHBOROUGH, MA MALE **AUGUST 28, 2016** Date of Birth AUGUST 20, 1946 Date of Death 118 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM Rank/organization/outfit(most recent) Branch of military (most recent) USS SOUTHERLAND **NAVY** Service Number(most recent) Date entered(most recent) Date Discharged (most recent) **SEPTEMBER 09, 1964 FEBRUARY 16, 1966** 9131219 Lic # 53037 Certifier TAMMY HARRIS, MD CERTIFIER Addr. 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 Immediate Cause of Death ALZHEIMER'S DISEASE This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50277 Funeral Licensee/ Designee NANCYG MORRIS DISPOSITION Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Date of Disposition SEPTEMBER 02, 2016 Disposition Type CREMATION Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 Endorsements Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics E-PERMIT 037611 Local Permit# State Tracking # **AUGUST 30, 2016** Date Date

CONFIRMATION

Place of Disposition (Facility Name and Autress) 480 Grove Street MA 01605 NOTCES Date of Disposition

Signature

X

Name of Superintendent or Authorized Designee:

Acceptance of Permit

Disposition Type

crema

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Name of Agent

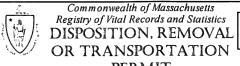
0 2 2016

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

SEP

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2016 037611

PERMIT

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	LEEDS JR,	JOHN HUNT	TING				
	Place of Death	118 MIDDLE R	OAD, SOUTH	BOROUGH, MA				
⊢	Date of Death	AUGUST 28, 20	016	Dat	e of Birth	AUGUST 20, 1946	Sex	MALE
DENT	Residence	118 MIDDLE R	OAD, SOUTH	BOROUGH, MASS	SACHUS	ETTS 01772		
CE	If U.S. veteran, s	pecify war/conflict(.	s) (most recent)					
D E	Branch of milital NAVY	ry (most recent)				ization/outfit(most recent) ΓΗΕRLAND		
	Date entered (mo			Date Discharged (mo		Service Number 9131219	(most recent)	
_		MY HARRIS, M	D			Lic # 53037		
RTIFIER	Addr. 24 NEW	TON STREET, S	SOUTHBORO	UGH, MASSACHU	SETTS 0	1772		
CERTI	Immediate Cause ALZHEIMER'							
Th	is permit autho	orizes the followi	ng Funeral Ser	vice Licensee or De	signee to 1	remove, dispose or tran		as listed below:
z	Funeral License	e/Designee NANC	CY G MORRIS				Lic # 50277	
	Facility. MOR	RIS FUNERAL I	HOME, SOUTI	HBOROUGH, MAS	SACHUS	SETTS		
SIT	Disposition Type	e CREMATION				Date of Dispositio	n SEPTEMBEI	R 02, 2016
DISPOSITIO	Place/Address RURAL CEM	ETERY, 180 GR	OVE STREET	, WORCESTER, M	1ASS ACI	HUSETTS 01605		
En	dorsements							
	Registry of Vita	al Records and Stat	tistics	Board of Health	/Agent for	: SOUTHBOROUGH		
ERMIT	State Tracking #	037611		Local Permit#	16-14			
ER	Date	AUGUST 30	, 2016	Date	AUGUS'	Т 30, 2016		
۵				Name of Agent	JAMES	F. HEGARTY		
z	I hereby certify	that the remains v	vere disposed of i	n accordance with its	terms at th	ne place and date below:		
ATION	Place of Disposi	ition (Facility Name	and Address)		Signatu	re		
MA								
1 2				X				
Cz.	1							
CONFIRM	Disposition Typ	е	Date of Disposi	tion	Name oj	fSuperintendent or Author	ized Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION **PERMIT**

State File #

2016 037611

RECEIVED

2016 SEP 19 P 4: 12

ши	ormation necessary	y for the Certi	nicate of Death n	as been complete	a tor:			
	Decedent Name LE	EDS JR.	JOHN HUNTI	NG			SOUTHB	OROUGH. MA
	Place of Death 11	8 MIDDLE R	OAD, SOUTHB	OROUGH, MA				- ·
F	Date of Death Al	UGUST 28, 20	016	Da	te of Birth	AUGUST 20, 1946	Sex	MALE
EN	Residence 11	8 MIDDLE R	OAD, SOUTHB	OROUGH, MAS	SACHUS	ETTS 01772		
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM Branch of military (most recent) NAVY					ization/outfit(most recent) THERLAND		
	Date entered(most re SEPTEMBER 09,			Date Discharged (mo EBRUARY 16, 19	ost recent)	Service Number(m 9131219	ost recent)	
æ	Certifier TAMMY		D			Lic # 53037		
FIE	Addr. 24 NEWTO	OUTHBOROU	GH, MASSACHI	USETTS 0	1772			
CERTIFIER	Immediate Cause of l ALZHEIMER'S I							
Tł	nis permit authorize	es the followi	ng Funeral Servi	ce Licensee or De	signee to	remove, dispose or trans	port remains	as listed below:
DISPOSITION	Funeral Licensee/ De Facility. MORRIS Disposition Type CI Place/Address RURAL CEMETE	FUNERAL I	юм е , southi			Date of Disposition	Lic# 50277 SEPTEMBER	t 02, 2016
En	dorsements							
Т	Registry of Vital Re	cords and Stat	istics	Board of Health	/Agent for	: SOUTHBOROUGH		
PERMIT	State Tracking #	037611		Local Permit#	E-PERM	IT		
PER	Date 1	AUGUST 30,	2016	Date Name of Agent				
z	I hereby certify that	t the remains w	ere disposed of in a	ccordance with its	terms at th	e place and date below:		
CONFIRMATION	Place of Disposition RUNAL COME 11 COM AVILLE	Tal.	/ /	Mu	Signatur	- Allen	M - K	
CON	Disposition Type IN URN MENT	Date of Disposition	n 2016	Name of	Superintendent of Authorize	d Designee:	, WEO	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

FEMALE

Sex

Lic# 50277



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

2016 032235 State File #

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

Decedent Name EARHART, LOIS

Place of Death 13 CAROLYN TERRACE, SOUTHBOROUGH, MA

JULY 23, 2016 Date of Death

Date of Birth FEBRUARY 17, 1919 13 CAROLYN TERRACE, SOUTHBOROUGH, MASSACHUSETTS 01772

Residence

If U.S. veteran, specify war/conflia(s) (most recent)

NO

Branch of military (most recent)

Rank/organization/outfit(most recent)

Service Number (most recent)

Date entered/most recent)

Date Discharged (most recent)

Lic # 51102

Certifier STEPHEN HOFFMANN, MD

Addr. 61 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702

Immediate Cause of Death

ACUTE RESPIRATORY FAILURE

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensed Designee NANCYG MORRIS

Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUS ETTS

Disposition Type CREMATION

Date of Disposition JULY 26, 2016 Place/Address

DISPOSITION

RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements

Date

Registry of Vital Records and Statistics PERMIT State Tracking # 032235

Local Permit# JULY 26, 2016

Date Name of Agent

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

CONFIRMATION Place of Disposition (Facility Name and Address)

Disposition Type #0 Grove Street MOTCESTER, Date of Disposition Signature

Board of Health/Agent for: SOUTHBOROUGH

E-PERMIT

Name of Superint

Acceptance of Permit Cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top





State File #

2016 032235

				•						
	Decedent Name	EARHART ,	LOIS J.					-		
	Place of Death	13 CAROLYN	TERRACE, SC	OUTHBOROUGH,	MA					
	Date of Death	JULY 23, 2016		Da	te of Birth	FEBRUARY	17, 1919	Sex	FEMALE	
DECEDENT	Residence	13 CAROLYN	TERRACE, SO	OUTHBOROUGH,	MASSAC	CHUSETTS 01	772			
CEI		pecify war/conflict(s) (most recent)							
DE	NO Branch of military (most recent)			R	ank/organi	ization/outfit(mo:	st recent)			
		, , , , , , , , , , , , , , , , , , , ,		•••		•				
	,			Date Discharged (mo	st recent)	Service	Number(most i	recent)		
	Certifier STEPHEN HOFFMANN, MD Lic # 51102									
TIFIER	Addr. 61 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702									
TIF	Immediate Cause of Death									
CER	ACUTE RESPIRATORY FAILURE									
Th	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:									
	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277									
z o	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS									
ITI	•	ilboko oʻdii, wa k	onene.		Disposition .II II	Y 26, 201	6			
P 0 S	Disposition Type CREMATION Date of Disposition JULY 26, 2016 Place/Address									
DISPOSITIO	RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
E-	dorsements									
En		al Daganda and Stat	Hatiaa	Poord of Health	/A gant for	SOUTUROR	OLICH .			
TIM	State Tracking #	al Records and State	ustics	Local Permit #	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 16-10					
ERM	Date	JULY 26, 201	16	Date		5 2016				
4	Date	JOLI 20, 201	10	Name of Agent	JULY 26, 2016 JAMES F. HEGARTY					
Z	, ,		•	n accordance with its			e be low:			
TI	Place of Disposi	tion (Facility Name	and Address)		Signatui	re				
Z M A										
FIF					X					
CONFIRMATION	Disposition Type	e	Date of Disposi	tion	Name of	Superintendent	or Authorized D	esignee:		
ı -	l		I .		1					

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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p.1

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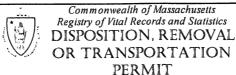
111 13	96 A 98 S S D1 (8 8 17 18 8 18 18	77 (17								
Contractor of	Regis	mmonwealth of Massachusetts stry of Vital Records and Statistics POSITION, REMOVAL TRANSPORTATION								
1	m R-309 07012014	PERMIT								
1	п истор 0/012014									
Inf	ormation necessary for the Certificate of Death b	as been completed for:								
	Decedent Name CHEES EMAN JR., EVANS	WILLIAM								
	Place of Death 30 MAPLECREST DRIVE, SOUTHBOROUGH, MA									
_	Date of Death JULY 01, 2016 Date of Birth SEPTEMBER 30, 1946 Sex MALE									
EC ED EN	Residence 30 MAPLECREST DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772									
	If U.S. veteran, specify war/conflict(s) (most recent)									
	NO									
4	Branch of military (most recent) Rank/organization/outfil(most recent)									
	Date entered(most recent)	Orto Disabanas d'arast vocanti	Sanda Maria da maria							
		Date Discharged (most recent) 	Service Number(mast recent)							
L.	Certifier GORDON S. MANNING, MD Lic # 49844									
IFIER	Addr. 154 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581									
5	Immediate Cause of Death									
CKRT	METASTATIC URACHAL ADENOCARCINO	MA								
-	his recommit and hardren the fall and Town at Con-	- Vicenses - Decises A								
1	his permit authorizes the following Funeral Servi	ce Designee to remo								
z	Funeral Licenseed Designee NANCY G MORRIS Lic # 50277									
DISPOSITIO	Facility. MORRIS FUNERAL HOME, SOUTHI	BOROUGH, MASSACHUSET	TS							
180	Disposition Type CREMATION		Date of Disposition JULY 06, 2016							
SF	Place/Address	NO DODGETOR ACCORDANCE								
ā	RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
Fr	dorsements									
一	Registry of Vital Records and Statistics	Board of Health/Agent for: SO	ETTDODOLOGI							
TIM	State Tracking # 029187	Local Permit # E-PERMIT	UIIBOROUGH							
PERM										
4	Date JULY 05, 2016	Date -								
-		Name of Agent —								
×	I hereby certify that the remains were disposed of in a	accordance with its terms at the pla	ace and date below:							
E	Place of Disposition (Facility Name (14) Address)	Signature	0 0 71 0 101							
MA	Tal City Stro 0160		John H Cable							
~	201112 - 1012 - 1124 -	1								
15	Hon Grover Mil	X								
ONF	Disposition Type 80 GIO Date of Dispositio	n Name of Sune	erintendent or Authorized Designee:							
CONFIRMATION	Place of Disposition (Facility Name and Adapts) RU(a) Grove MA 01605 RU(a) Grove MA 01605 Disposition Type NOTCES Date of Dispositio	n Name of Supe	erintendent or Authorized Designee:							

Acceptance of Permit

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State File # 2016 029187

Information necessary for the Certificate of Death has been completed for:

		· ·		•				
	Decedent Name	CHEES EMAN	JR., EVANS	WILLIAM				
	Place of Death	30 MAPLECRES	ST DRIVE, SOU	THBOROUGH,	MA			
-	Date of Death	JULY 01, 2016			te of Birth	022222	Sex MALE	
DENT	Residence	30 MAPLECRE	ST DRIVE, SOU	THBOROUGH,	MASSA	CHUS ETTS 01772		
ECED		If U.S. veteran, specify war/conflict(s) (most recent)						
DE	NO Branch of milita	ry (most recent)		R	ank/organi	nization/outfit(most recent)		
			_		-		e)	
	Date entered(mo	osi recent)	Dι 	ate Discharged (mo	si recent)	Service Number(most recent		
~	Certifier GORI	OON S. MANNIN	G, MD			Lic # 49844		
RTIFIER	Addr. 154 E M.	AIN STREET, W	ESTBOROUGH,	MASSACHUS	ETTS 015	581		
RTI	Immediate Cause	of Death	NENIO CARORIO	MA				
CE	WETASTATIO	UKACHAL AI	DENOCARCINO!	VIA				
Th	is permit autho	rizes the following	ng Funeral Servic	e Licensee or Des	signee to	remove, dispose or transport rem		
N 01.	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277							
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS							
SIT		e CREMATION				Date of Disposition JULY 00	6, 2016	
DISPOSITIO	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
10	RURAL CEMETER1, 100 GROVE STREET, WORCESTER, MASSACHUSETTS 01003							
En	dorsements							
ε	Registry of Vita	al Records and Stat	istics	Board of Health/Agent for: SOUTHBOROUGH				
PERMIT	State Tracking #	029187		Local Permit#	16-9			
PER	Date	JULY 05, 201	6	Date	JULY 0			
				Name of Agent	JAMES	F. HEGARTY		
z	I hereby certify	that the remains w	ere disposed of in a	ccordance with its	terms at th	he place and date below:		
ATIO	Place of Disposi	ition (Facility Name	and Address)		Signatu	ire		
Σ					1.			
CONFIR					X	<u> </u>		
CON	Disposition Type	е	Date of Disposition	7	Name of Superintendent or Authorized Designee:		nee:	
Ľ								

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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* a

Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

2016 033600

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

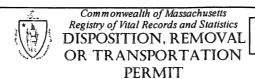
		•		-						
	Decedent Name	MAURO , C	ALVIN J.		-					
	Place of Death	25 PARK STR	EET, SOUTHBOI	ROUGH, MA						
T	Date of Death	JULY 31, 2016		Da	te of Birth	JULY 19, 19 2 6	Sex MALE			
ENT	Residence	esidence 25 PARK STREET, SOUTHBOROUGH, MASSACHUSETTS 01772								
ECED	If U.S. veteran, specify war/conflict(s) (most recent)									
DE	NO Branch of milita	ry (most recent)		F	ank/organiza	ation/outfit(most recent)				
				- 5: 1 - 1/		G : Nl(
	Date entered(mo	st recent)	De	ate Discharged (mo -	st recent)	Service Number(mo	ast recent)			
a a	Certifier ALLA	BOLKHOVSK	Y, MD			Lic # 50367				
RTIFIER	Addr. 761 WO	RCESTER ROA	D, FOURTH FLO	OR, FRAMING	HAM, MAS	SSACHUSETTS 01701	l			
		Immediate Cause of Death								
CE	PERIPHERAL	PERIPHERAL VASCULAR OCCLUSIVE DISEASE								
Tì	nis permit autho	rizes the followi	ng Funeral Servic	e Licensee or De	signee to re	move, dispose or transp	oort remains as listed below:			
z	Funeral Licensee/ Designee NANCYG MORRIS Lic # 50277									
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS									
DISPOSITIO	Disposition Type BURIAL Date of Disposition AUGUST 06, 2016									
SPO	Place/Address									
DI	11, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772									
En	dorsements									
	Registry of Vita	l Records and Stat	istics	Board of Health/Agent for: SOUTHBOROUGH						
PERMIT	State Tracking #	033600		Local Permit # E-PERMIT						
ER	Date	AUGUST 03	, 2016	Date						
_				Name of Agent						
Z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:									
TION		tion (Facility Name	and Address)		Signature	7 /1 /				
MA	RUMAL (LE BL. SN	mkonney 1	NA -		< / / Wil				
FIR	SEC. L.	614/112	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Tething-Ve						
CONFIRM	Disposition Type	· //	Date of Disposition		1	uperintendent or Authorized	d Designee:			
	FULL EART	DUNHAL	HUG. 6.	2016	GRIDE	SETH. GILL	ENEY- DECENZO			

Acceptance of Permit

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State File # 2016 028785 .

RECEIVED

TOWN OF SERVICE OFFICE

2016 JUL 21 P 2: 07

1			has been completed for:			OOF 7	2. 11	
Inf	ormation necess	sary for the Certificate of Death h				SOUTHBOROUGH, MA		
<u> </u>	Decedent Name	JACHOWICZ , PHYLLIS	MARIE		20(HHROKON	GH, MA	
	Place of Death	7 PRENTISS STREET, SOUTH	BOROUGH, MA	\				
 	Date of Death	JUNE 26, 2016	Da	te of Birth	JULY 11, 1929	Sex	FEMALE	
ENT	Residence	7 PRENTISS STREET, SOUTH	BOROUGH, MA	SSACHU	SETTS 01772		J*	
ECED		pecify war/conflict(s) (most recent)						
DE	NO Branch of militar	ry (most recent)	I.	Rank/organiz 	cation/outfit(most recent)			
	Date entered(mo	st recent)	Date Discharged (mo	ost recent)	Service Number(1	nost recent)		
_			•					
a a		ARY SPIGELMAN, MD			<i>Lic</i> # 55820			
=		OLN-STREET, FRAMINGHAM,	MASSACHUSI	ETTS 0170:	2			
CERTIFIER	Immediate Cause METASTATIO	of Death C COLON CANCER						
TI	nis permit autho	rizes the following Funeral Service	ce Licensee or De	signee to re	emove, dispose or trans	port remains	as listed below:	
7	Funeral Licensee/ Designee DOUGLAS L TERSONI Lic # 50904							
101	Facility. NORTON FUNERAL HOME, INC., FRAMINGHAM, MASS ACHUS ETTS							
SIT	Disposition Type CREMATION Date of Disposition JUNE 30, 2016							
DISPOSITION	Place/Address NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459							
En	dorsements				· · · · · · · · · · · · · · · · · · ·			
<u>_</u>	Registry of Vita	Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH					
MIT	State Tracking #	028785	Local Permit #	E-PERMI	T			
PERM	Date	JUNE 30, 2016	Date					
			Name of Agent					
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
ATION		ion (Facility Name and Address)		Signature				
MA	JULWYON	Crematory			. ~			
ONFIRM	NOME	n MA 1249		x ft				
CON	Disposition Type	Date of Disposition	701.1	Name of S	Superintendent or Authoriz	ed Designee:		
•	CEDM	94101 11011	$\alpha u 1 l_{A}$	601.5	7 50()			

Acceptance of Permit

EDGELL GROW PSMETERY

53 (FRAMINGL, 35, 164, 01/01

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

Date of Death

Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

State File # 2016 028785

Lic # 50904

Date of Disposition JUNE 30, 2016

Information necessary for the Certificate of Death has been completed for:

Decedent Name JACHOWICZ, PHYLLIS 7 PRENTISS STREET, SOUTHBOROUGH, MA Place of Death SOUTHBOROUGHEMALE

Residence 7 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772

DECEDENT If U.S. veteran, specify war/conflict(s) (most recent) NO

JUNE 26, 2016

Branch of military (most recent)

Date entered (most recent)

Date Discharged (most recent) Service Number(most recent)

Rank/organization/outfit(most recent)

Lic # 55820

Date of Birth JULY 11, 1929

Certifier ZACHARY SPIGELMAN, MD

Addr. 99 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702

Immediate Cause of Death

METASTATIC COLON CANCER

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee DOUGLAS L TERSONI

Facility. NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUS ETTS

Disposition Type CREMATION

Place/Address

NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459

Endorsements

CONFIRMATION

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 028785 Local Permit# E-PERMIT JUNE 30, 2016 Date Name of Agent

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

lage of Disposition (Facility Name and Address)

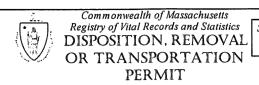
Walny

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File #

2016 028785

nformation	necessary for the	Certificate of Death	has been	completed for:

	Decedent Name	JACHOWICZ	, PHYLLIS	MARIE						
	Place of Death	7 PRENTISS S	TREET, SOUTH	BOROUGH, MA						
	Date of Death	JUNE 26, 2016		Dat	te of Birth	JULY 11, 1929	Sex	FEMALE		
ENT	Residence	7 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772								
ECED		an, specify war/conflict(s) (most recent)								
DE	NO Branch of milita	rv (most recent)		R	ank/organi	ization/outfit(most recent)				
		, (-					
	Date entered(mo	st recent)	De	ate Discharged (mo	st recent)	Service Number(m	ost recent)			
	Certifier 7ACH	ARY SPIGELM	AN. MD			Lic # 55820				
CERTIFIER				MASSACHUSE	TTS 0170)2				
TIF	Addr. 99 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702 Immediate Cause of Death									
CER		METASTATIC COLON CANCER								
Th		win as the followi	na Europal Comis	a Licansoa or Da	signae to r	remove, dispose or transp	ort remains	as listed helow		
1 1					signee to i			as fisted below.		
DISPOSITION	Funeral Licensee/ Designee DOUGLAS L TERSONI Lic # 50904									
	Facility. NORTON FUNERAL HOME, INC., FRAMINGHAM, MASS ACHUS ETTS									
180	Disposition Type CREMATION Date of Disposition JUNE 30, 2016									
SP(Place/Address NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459									
D	NEWTON CEMETERT CREMATORI, 771 WALITOT STREET, NEWTON, MADS ACTION 110 02407									
En	dorsements									
	Registry of Vita	l Records and Stat	istics	Board of Health/Agent for: SOUTHBOROUGH						
ERMIT	State Tracking #	028785		Local Permit #	16-8					
PER	Date	JUNE 30, 201	16	Date JULY 05, 2016						
-				Name of Agent	JAMES	F. HEGARTY				
7	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at th	ne place and date below:				
ATION		tion (Facility Name			Signatui					
		, ,								
FIRM				$ _X$						
ONF	Disposition Type	2	Date of Disposition	n	Name of Superintendent or Authorized Designee:					
٥										

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

2016 024232

OCME CASE # 2016-68 RECEIVED TOWN CLEDKIC

ron	1 K-309 07012014	1 22 33 3 2		TOWN OF THE S OF LICE
Inf	ormation necessary for the Certificate of Death	has been completed	for:	2016 JUN 31 A 11: 02
ENT	Decedent Name PEDERSEN, BONNIE I Place of Death 11 STRAWBERRY HILL RO Date of Death MAY 31, 2016 Residence 11 STRAWBERRY HILL RO	AD, SOUTHBORO Date	of Birth OC	SOUTHBOROUGH, MA rober 27, 1942 Sex FEMALE
DECEDEN	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Date entered(most recent)		ank/organization/	outfit(most recent) Service Number(most recent)
IER	Certifier RICHARD J. EVANS, MD Addr. 55 LAKE AVENUE N, WORCESTER,	MASSACHUSETTS	3 01655	Lic # 58622
CERTIFIER	Immediate Cause of Death PENDING			
TI	is permit authorizes the following Funeral Ser	vice Licensee or Des	ignee to remov	e, dispose or transport remains as listed below:
DISPOSITION	Funeral Licensee/ Designee NANCYG MORRIS Facility. MORRIS FUNERAL HOME, SOUTH Disposition Type CREMATION Place/Address RURAL CEMETERY, 180 GROVE STREET			Date of Disposition JUNE 06, 2016
Er	dorsements			
E	Registry of Vital Records and Statistics	Board of Health/		THBOROUGH
PERMIT	State Tracking # 024232 Date JUNE 01, 2016	Local Permit # Date Name of Agent	E-PERMIT	
z	I hereby certify that the remains were disposed of i	n accordance with its t	erms at the plac	e and date below:
CONFIRMATION	I hereby certify that the remains were disposed of in Place of Disposition (NOMI) Name and Address) 180 Grove Str. MA 01605 Disposition Type Oremostrice 180 Date of Disposition 180 Terrocation	4 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Signature X	John W Cohle
CON	Disposition Type Date of Disposition JUN	0 6 2016		intendent or Authorized Designee:

Acceptance of Permit

- cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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2016 024232 State File #

Information necessary for the Certificate of Death has been completed for:

	Decedent Name PEDERSEN, BONNIE L								
	Place of Death 11 STRAWBERRY HILL ROAD	, SOUTHBORO	UGH, MA						
F	Date of Death MAY 31, 2016	Dat	e of Birth	OCTOBER 27, 1942	Sex	FEMALE			
DEN	Residence 11 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772								
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO		.,		-				
	Branch of military (most recent)	<i>R</i>	ank/organi: -	cation/outfit(most recent)					
	Date entered(most recent) Do	ate Discharged (mo	st recent)	Service Number(most rece	nt)				
×	Certifier RICHARD J. EVANS, MD	Certifier RICHARD J. EVANS, MD							
3	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655								
CERTIFIE	Immediate Cause of Death PENDING								
Th	is permit authorizes the following Funeral Service	e Licensee or Des	ignee to re	emove, dispose or transport re	mains	as listed below:			
z	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277								
0	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUS ETTS								
SIT	Disposition Type CREMATION			Date of Disposition JUNE	06, 2010	6			
DISPOSITION	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
۵	MOREL CENTERIN, 100 OROTE OTHERS, WORKED TEN, WILLOWS WINDOWS								
En	dorsements		_						
ا ہ	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH							
Z Z	State Tracking # 024232	Local Permit#	16-7						
PERMIT	Date JUNE 01, 2016	Date	JUNE 03	, 2016					
		Name of Agent	JAMES F. HEGARTY						
z	I hereby certify that the remains were disposed of in a	ccordance with its	terms at the	place and date below:					
A T10	Place of Disposition (Facility Name and Address)		Signature	?					
W W									
CONFIRM			X						
CON	Disposition Type Date of Disposition		Name of S	Superintendent or Authorized Desig	nee:				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File # 2016 011198

RECEIVED
FOUND OF FROM SOFFICE

RMIT

Information necessary for the Certificate of Death has been completed for:

2016 JUN 13 P 3: 30

					224				
	Decedent Name	CUMMINGS, LEON A.		SOUTHBOROUGH, MA					
EDENT	Place of Death	20 FLAGG ROAD, SOUTHB	OROUGH, MA	•					
	Date of Death	MARCH 11, 2016 Date of Birth MARCH 03, 1923 Sex MALE							
	Residence	ce 20 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
	If U.S. veteran, specify war/conflict(s) (most recent)								
E									
٩	Branch of military (most recent)		Rank/organization/outfit(most recent)						
Date entered(most recei		ost recent)	Date Discharged (most recent)	Service Number(most i	recent)				
			60-00-00						
_	Certifier MAT	THEW BEAN, MD		Lic # 224284					
Adde 24 NEWTON STREET SOUTHRODOUGH MASSACHUSE				1772					

Immediate Cause of Death

CRYPTOGENIC CIRRHOSIS

This permit authorizes the following Funeral 8	ervice Licensee or Designee to remove,	, dispose or transport remains as listed below:
--	--	---

01	Funeral Licensee/ Designee NANCYG MORRIS	Lic # 50277					
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS						
SI	Disposition Type REMOVAL FROM STATE Date of Disposition MARCH 17, 2016						
ISPO	Disposition Type REMOVAL FROM STATE Place/Address FORBES DISTRICT CEMETERY, ELLINGWOOD ROAD, WEST PARIS, MA	INE					

E	Indorsements							
F	Registry of Vital I	Records and Statistics	Board of Healt	Board of Health/Agent for: SOUTHBOROUGH				
MIT	State Tracking #	011198	Local Permit#	E-PERMIT				
PER	Date	MARCH 11, 2016	Date					
-			Name of Agent					
N	I hereby certify th	nat the remains were disposed o	f in accordance with its	terms at the place and date	e below:			
T	Place of Disposition (Facility Name and Address)			Signature	A .			

Z	I nereby certify that the remains were disposed of in accordance with its terms at the prace and date below:							
TIO	Place of Disposition (Fa	cility Name and Address)	Signature					
FIRMA	Forbes	District Cometery	* Dennis Atun					
CON	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:					
	Bulla!	5-1-2016	IXIIIIIS SAVENS					

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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0000112082

Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

2016 011198

Form R-309 07012014

PERMIT

Info	formation necessary for the Certificate of Death has been completed for:								
	Decedent Name	CUMMINGS ,	LEON	A.					
	Place of Death	20 FLAGG RO	AD, SOUT	HBOR	OUGH, MA				·
L	Date of Death	MARCH 11, 20	016		Da	te of Birth	MARCH 03, 1923	Sex	MALE
DEN	Residence	20 FLAGG RO	AD, SOUT	HBOR	OUGH, MASS	ACHUS ET	TS 01772		
CEDE	If U.S. veteran, sp	pecify war/conflict((s) (most rece	nt)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
DE	Branch of military (most recent)		Rank/organization/outfit(most recent)						
	Date entered (mo.	st recent)		Da 	te Discharged (mo	ost recent)	Service Number(mos	t recent)	
R	Certifier MATT	HEW BEAN, M	1D				Lic # 224284		
RTIFIER	Addr. 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772								
CERT	Immediate Cause CRYPTOGEN	of Death IC CIRRHOSIS	S .						
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
_	Funeral Licensee	Designee NAN	CY G MOR	RIS			L	ic # 50277	
SPOSITION	Facility. MORI	RIS FUNERAL	HOME, SO	UTHB	OROUGH, MAS	SSACHUS	ETTS		•
SIT	Disposition Type REMOVAL FROM STATE Date of Disposition MARCH 17, 2016						2016		
DISPC	Place/Address FORBES DISTRICT CEMETERY, ELLINGWOOD ROAD, WEST PARIS, MAINE								
En	dorsements								
_	Registry of Vital	Records and Sta	tistics		Board of Health	Agent for:	SOUTHBOROUGH		
ERMIT	State Tracking #	011198			Local Permit#	16-4			
PER	Date	MARCH 11,	2016		Date	MARCH	14, 2016		
					Name of Agent	JAMES 1	F. HEGARTY		
N					cordance with its	terms at the	e place and date below:		
ATIC	Place of Disposition (Facility Name and Address)			Signatur	2				
R M						.,			
NFI	D		I 5			X			
CONFIRMATION	Disposition Type		Date of Dis	position		Name of .	Superintendent or Authorized	Designee:	
			L					 	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File#

2016 017915

TOWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2016 MAY -41 A 9: 24

	Decedent Name	FALLON, BEVERLY AN	IN	-		SOUTHBO	ROUGH, MA		
	Place of Death	60 BREAKNECK HILL ROAD), SOUTHBOROU	JGH, MA					
Т	Date of Death	APRIL 18, 2016	Da	te of Birth	JANUARY 17, 1937	Sex	FEMALE		
ENT	Residence 60 BREAKNECK HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772								
ECED		pecify war/conflict(s) (most recent)							
D E	NO Branch of milita	rv (most recent)	F	Rank/organization/outfit(most recent)					
			-		,				
	Date entered(mo	ost recent)	Date Discharged (mo	st recent)	Service Number(most recent)			
~	Certifier ARDE	SHIR HASHMI, MD			Lic # 251041	,,			
RTIFIER	Addr. 165 CAN	MBRIDGE STREET, 401, BOST	ON, MASSACHU	SETTS 02	2114				
RTI		Immediate Cause of Death CARDIOPULMONARY ARREST							
CE	CARDIOPUL	MUNAKY AKKESI							
Th	is permit autho	orizes the following Funeral Serv	ice Licensee or De	signee to r	emove, dispose or tran	sport remains	as listed below:		
z	Funeral License	e/Designee NANCYG MORRIS				Lic # 50277			
101	Facility. MOR	RIS FUNERAL HOME, SOUTH	IBOROUGH, MAS	SACHUS	ETTS				
-	Disposition Type	e BURIAL			Date of Disposition	APRIL 22, 20	16		
SPO	Place/Address								
DI	ST. PATICK CEMETERY, 180 POND STREET, NATICK, MASSACHUSEITS 01760								
En	dorsements								
	Registry of Vita	al Records and Statistics	Board of Health	/Agent for:	SOUTHBOROUGH				
ERMIT	State Tracking #		Local Permit#	E-PERM	IT				
PER	Date	APRIL 21, 2016	Date						
_			Name of Agent						
z	I hereby certify	that the remains were disposed of in	accordance with its	terms at the	e place and date below:				
TION	Place of Disposi	tion (Facility Name and Address)		Signatur	e		· · · · · · · · · · · · · · · · · · ·		
<	StPata:	ck Cenetery	,						
FIRM	150 Po.	ad ST Natic		X					
NO	Disposition Type		on	Name of	Superintendent or Authori	zed Designee:/			
C	Buria	(4-25-	2016	7	we you	MIL			

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

2016 017915

0000119862

Form R-309 07012014

	ormation necessary for	otha Cart	ifiasta af Doath ha	s boon complete	d for			
11111	ormation necessary for	the Cert	incate of Death ha	s been complete	u ior:			
	Decedent Name FALL	ON , I	BEVERLY ANN	I				
	Place of Death 60 BR	EAKNEC	CK HILL ROAD,	SOUTHBORO	UGH, MA			
T	Date of Death APRII	L 18, 201	6	Da	te of Birth	JANUARY 17, 1937	Sex	FEMALE
DEN	Residence 60 BREAKNECK HILL ROAD, SOUTHBOROUGH, MASSACHUSEITS 01772							
DECEDENT	If U.S. veteran, specify wo	ar/conflict((s) (most recent)					
D	Branch of military (most recent)		1	Rank/organi 	ization/outfit(most recent)			
	Date entered(most recent,)	Da	ate Discharged (me	ost recent)	Service Number(most r	recent)	
ER	Certifier ARDESHIR	HAS HMI	, MD			Lic # 251041		
RTIFIE	Addr. 165 CAMBRIDGE STREET, 401, BOSTON, MASSACHUSETTS 02114							
CE	Immediate Cause of Deat CARDIO PULMONAI		EST					
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:							
7	Funeral Licensee/ Design	ee NAN	CY G MORRIS			Lic	# 50277	
N 01.	Facility. MORRIS FUI	NERAL 1	HOME, SOUTHB	OROUGH, MAS	SSACHUS	SETTS		
SIT	Disposition Type BURIAL Date of Disposition APRIL 22, 2016							
DISPOSITIO	Place/Address ST. PATICK CEMETERY, 180 POND STREET, NATICK, MASSACHUS ETTS 01760							
En	dorsements							
ľ	Registry of Vital Record	ls and Sta	istics	Board of Healtl	Agent for:	SOUTHBOROUGH		-
MIT	State Tracking # 0179	915		Local Perm it#	16-6			
PER	Date APR	RIL 21, 20	016	Date	APRIL 2	22, 2016		
				Name of Agent	JAMES	F. HEGARTY		
z	I hereby certify that the	remains v	vere disposed of in a	cordance with its	terms at th	e place and date below:		
FIRMATION	Place of Disposition (Fac	cility Name	and Address)	-	Signatur	re		
Z M A								
					X			
CON	Disposition Type		Date of Disposition		Name of	Superintendent or Authorized Do	esignee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File #

2016 013917

CENTED

000	0115601			OR TRANSPO)N TOWA	KEUEIV	C. 055105
For	m R-309 07012014			PERM	IT	IOWF	A CLEXIV.	SOFFICE
Inf	formation necessa	ary for the Cert	ificate of De	ath has been comple	ted for:	2016	MAY -4	A 9 24
	Decedent Name	SARKIS, H	OVHANES	A		SOU	THBOROL	IGH. MA
	Place of Death	175 PARKERV	TLLE ROA	D, SOUTHBOROUG	GH, MA			GID I IA
Ę	Date of Death	MARCH 23, 20	016	L	ate of Birth	MARCH 10, 1930	Sex	MALE
DENT	Residence	175 PARKERV	ILLE ROA	D, SOUTHBOROUG	GH, MASS	ACHUSETTS 01772		
DECED	If U.S. veteran, specify war/conflict(s) (most recent) NO			1)				
	Branch of military (most recent)				Rank/organ	ization/outfit(most recent)		
	Date entered(most recent) Da			Date Discharged (1	d (most recent) Service Number (most recent)			
×	Certifier FRANK	CHAU, MD				Lic # 203693		
IFIE	Addr. 24 NEWFON STREET, SOUTHBORO, MASSACHUSETTS 01772							
CERTIFIE	Immediate Cause of CARDIAC ARR							
Tì	is permit authori	zes the followi	ng Funeral S	Service Licensee or D	esignee to	remove, dispose or trans	port remain	s as listed below:
z	Funeral Licensee/	Designee ADRI	ANNE FAG	GAS			Lic # 7457	
TI0	Facility. FAGGAS FUNERAL HOME, INC., WATERTOWN, MASSACHUSETTS							
ISO		Disposition Type CREMATION Date of Disposition MARCH 30, 2016						
DISPOSITIO		Place/Address MOUNT AUBURN CEMETERY, 580 MOUNT AUBURN STREET, CAMBRIDGE, MASSACHUSETTS 02138						
En	dorsements							
T	Registry of Vital l	Records and Sta	tistics	Board of Heal	th/Agent for:	: SOUTHBOROUGH		
PERMIT	State Tracking #	013917		Local Permit#	E-PERM	IT		
PER	Date	MARCH 29,	2016	Date				
			•	Name of Agent				
N				of in accordance with i	ts terms at th	e place and date be low:		
TIC	Place of Disposition		-		Signatur	re		
CONFIRMATION	&	Mount Aubur Crematory C			X	TREFIL	_	
CON	Disposition Type Cremat	ion	Date of APP	psition 2016	Name of	Superintendent or Authorize	ed Designee:	

Acceptance of Permit

Popick of 4-6:16

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

2016 013917

State File #

PERMIT

Information necessary for the Certificate of Death has been completed for:

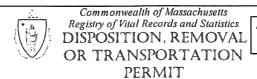
	not mation necessary for the Continuate of Death has been completed for.							
	Decedent Name	SARKIS, H	OVHANES A					
	Place of Death	175 PARKERV	ILLE ROAD, SO	UTHBOROUG	H, MA			
Ţ	Date of Death	MARCH 23, 20	016	Da	te of Birth	MARCH 10, 1930	Sex	MALE
EN	Residence	175 PARKERV	ILLE ROAD, SO	UTHBOROUG	H, MASSA	CHUSETTS 01772		
DECED	NO	pecify war/conflict((s) (most recent)		ank/one anie	ration/outlitheort vacant)		
	Branch of military (most recent)				Rank/organization/outfit(most recent)			
	Date entered(most recent) Do			ate Discharged (m	ost recent)	Service Number(mos	st recent)	
R	Certifier FRAN	K CHAU, MD				Lic # 203693		
RTIFIER	Addr. 24 NEW	ON STREET,	SOUTHBORO, M	IASSACHUSET	TS 01772			
CERTI	Immediate Cause CARDIAC AR						7	
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:							
rio n	Funeral Licensee	Designee ADRI	ANNE FAGGAS				ic # 7457	
	Facility. FAGG	AS FUNERAL	HOME, INC., WA	TERTOWN, M	ASSACHU	JSETTS		
SIT	Disposition Type	Disposition Type CREMATION Date of Disposition MARCH 30, 2016						
DISPOSITIO	Place/Address MOUNT AUBURN CEMETERY, 580 MOUNT AUBURN STREET, CAMBRIDGE, MASSACHUSETTS 02138							
En	dorsements							
٠	Registry of Vital	Records and Sta	tistics	Board of Healtl	Agent for:	SOUTHBOROUGH		
PERMIT	State Tracking #	013917		Local Permit#	16-5			
ER	Date	MARCH 29,	2016	Date	MARCH	29, 2016		
				Name of Agent	JAMES I	F. HEGARTY		
Z	I he reby certify	that the remains v	vere disposed of in a	ccordance with its	terms at the	place and date below:		
TIO	Place of Disposit	ion (Facility Name	and Address)		Signature	?		
MA	•							
FIR					X			
CONFIRMATION	Disposition Type		Date of Disposition	1	Name of S	Superintendent or Authorized	Designee:	
ı					1			

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2015 058290

Information necessary for the	Certificate of Death	has been completed for:
-------------------------------	----------------------	-------------------------

	Decedent Name	LANDES , A	ARLENE T				· · · · · · · · · · · · · · · · · · ·	
	Place of Death	12 WYNDEME	RE DRIVE, SOU	THBOROUGH,	MA			
۲	Date of Death	DECEMBER 3	1, 2015	Da	te of Birth	JUNE 04, 1930	Sex	FEMALE
DEN	Residence		RE DRIVE, SOU	THBOROUGH,	MASSAC	CHUS ETTS 01772		
DECEDENT	If U.S. veteran, sp NO	pecify war/conflict((s) (most recent)					
D	Branch of militar	y (most recent)	•	Rank/organization/outfit(most recent)				
	D. 11 16	-4 ()	D-		e Discharged (most recent) Service Number(most recent)			
	Date entered(mod	si receni)		ite Discharged (mo	si receni)	Service Number(mo.	si receni)	
×	Certifier JOSE	PH W FRANSES	S, MD			Lic # 1861830416		
CERTIFIER			WKEY 108, BOST	TON, MASSACI	HUS ETTS	02114		
RT	Immediate Cause of Death METASTATIC RENAL CELL CARCINOMA							
5	WEIASTATIC	RENAL CELL	CARCINOMA					
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:							
SITION	Funeral License	Designee JOHN	PROWE				Lic # 5375	
	Facility. JOHN	P. ROWE FUN	ERAL HOME INC	C., MARLBORO	UGH, M	ASSACHUSETTS		
		Disposition Type BURIAL Date of Disposition JANUARY 09, 2016						
SP	Place/Address CALVARY CEMETERY, 3469 LINCOLN WAY E, MASSILLON, OHIO 44646							
ā	CADIANI CEMBIENI, 540/ ENCOLN WAI E, MASSILLON, OHIO 44040							
En	dorsements							
_	Registry of Vita	Records and Stat	tistics	Board of Health	/Agent for:	SOUTHBOROUGH		
PERMIT	State Tracking #	058290		Local Permit#	16-1			
PER	Date	JANUARY 0	2, 2016	Date	JANUAR	RY 04, 2016		
				Name of Agent	JAMES	F. HEGARTY		
z	I hereby certify	that the remains v	vere disposed of in a c	cordance with its	terms at th	e place and date below:		
TI	Place of Disposit	ion (Facility Name	and Address)		Signatur	re		
FIRMATION								
Y.F.I					X			
CON	Disposition Type		Date of Disposition		Name of	Superintendent or Authorized	Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2016 003537

LEINIVIII

Information necessary for the Certificate of Death has been completed for:

****	mation necessary for the certificate of L	cath has been complete					
П	Decedent Name DALZELL , ELAINE						
	Place of Death 97 TURNPIKE ROAD, S	OUTHBOROUGH, MA				•	
L	Date of Death JANUARY 22, 2016	Da	te of Birth	JUNE 13, 1956	Sex	FEMALE	
ENT	Residence 97 TURNPIKE ROAD, S	OUTHBOROUGH, MA	SSACHU	SETTS 01772			
DECED	If U.S. veteran, specify war/conflict(s) (most rec	ent)					
DE	NO Branch of military (most recent)	i	Rank/organization/outfit(most recent)				
		-					
	Date entered(most recent)	Date Discharged (m	ost recent)	Service Number(mo	ost recent)		
	Certifier CHRISTINA W GELEV, MD			Lic # 72739			
TIFIER	Addr. 40 2ND AVENUE, SUITE 400, WALTHAM, MASSACHUSETTS 02154						
≃	Immediate Cause of Death						
CE	METASTATIC BREAST CANCER						
Th	is permit authorizes the following Funera	l Service Licensee or De	signee to r	emove, dispose or transp	ort remains	as listed below:	
z	Funeral Licensee/ Designee CHRISTOPHE	R P GOULET, SR			Lic # 50719		
	Facility. HAMEL, WICKENS & TROUP.	E FUNERAL HOME, (QUINCY, N	MASSACHUSETTS			
POSITIO	Disposition Type CREMATION Date of Disposition JANUARY 27, 2016					7, 2016	
l oo l	Place/Address DI HE HILL CREMATORY 700 READ WEST STREET PRAINTREE MASS ACHIIS ETTS 02194						
10	BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASS ACHUS ETTS 02184						
En	dorsements						
	Registry of Vital Records and Statistics	Board of Healt	h/Agent for:	SOUTHBOROUGH			
ERMIT	State Tracking # 003537	Local Permit#	16-2				
PER	Date JANUARY 26, 2016	Date	JANUAR	RY 26, 2016			
		Name of Agent	JAMES 1	F. HEGARTY			
z	I hereby certify that the remains were dispose	ed of in accordance with its	terms at th	e place and date below:			
FIRMATION	Place of Disposition (Facility Name and Addres	s)	Signatur	е			
M							
FIR			X				
CON	Disposition Type Date of Da	sposition	Name of	Superintendent or Authorized	d Designee:		
۱۱۱							

Acceptance of Permit

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File#

2016 003537

RECEIVED
TOWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2016 FEB -2 P 2: 10

						COUTUR	ODOUGH MA			
		DALZELL , ELAINE -				200 I UR	OROUGH, MA			
	Place of Death	97 TURNPIKE ROAD, SOUTI	HBOROUGH, MA							
F	Date of Death	JANUARY 22, 2016	Da	te of Birth	JUNE 13, 1956	Sex	FEMALE			
ECEDENT	Residence 97 TURNPIKE ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772									
CEI		pecify war/conflict(s) (most recent)								
DE	NO Branch of milita	m. (mont vangut)								
		y (most recent)	-		zation/outfit(most recent)					
	Date entered(mo	st recent)	Date Discharged (mo	ist recent)	Service Number(n	nost recent)				
	C. CIDI	CONTACTOR AND			Lic # 72739					
RTIFIER		STINA W GELEV, MD	25 25 CG ACTIO	a Proma AA						
11.		AVENUE, SUITE 400, WALTHA	M, MASSACHU	SEITS 02	:154					
CERT	Immediate Cause METASTATIO	of Death C BREAST CANCER								
С										
Th	is permit autho	rizes the following Funeral Serv	ice Licensee or De	signee to r	emove, dispose or trans	port remains	as listed below:			
Z	Funeral Licenses	e Designee CHRISTOPHER P GO	OULET, SR			Lic # 50719				
10	Facility. HAMI	EL, WICKENS & TROUPE FUN	NERAL HOME, Q	UINCY, I	MASSACHUSETTS					
SPOSITIO	Disposition Type	CREMATION			Date of Disposition	JANUARY 27	, 2016			
. P O	Place/Address				•					
D 18	BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASS ACHUS ETTS 02184									
E	dorsements									
EAL										
T		l Records and Statistics			SOUTHBOROUGH					
ERMIT	State Tracking #		Local Permit#	E-PERM	IT					
P E I	Date	JANUARY 26, 2016	Date	~~~						
			Name of Agent							
N		that the remains were disposed of in	accordance with its	terms at th	e place and date below:					
TION		tion (Facility Name and Address)		Signatur	e					
MA	Blue Hill	Cemetery and Cremate	ory		1 0	nd//	2			
FIR	700 We	st Street, Braintree, MA	02184	X	Ewell	I The	جي آد			
CON	Disposition Type	Date of Dispositi		Name of	Superintendent or Authoriz	ed Designee:				
0	UKE	MATION 01.27	-2016	G	erald M. Ridge.	Jr., Presi	dent			

Acceptance of Permit

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State File #

2016 010734

ANSPORTATION OCME CASE # 2016-3086
PERMIT

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	CAMPBELL ,	JANET	Н.						
	Place of Death	251 CORDAVI	LLE ROAD,	SOUTHBOROUGH	, MA					
۲	Date of Death	MARCH 08, 20)16	Da	te of Birth	JUNE 26, 1935	Sex	FEMALE		
DEN	Residence									
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of m ilitary (most recent) Date entered(most recent) Date			R Date Discharged (mo	-	ization/outfit(most recent) Service Number(mo	st recent)			
	•									
ER		ARD J. EVANS				Lic # 58622				
F			VORCESTER	, MASSACHUSETT	S 01655					
CERTIFIER	Immediate Cause ATHEROSCL	e of Death EROTIC CARI	DIOVASCUL	AR DISEASE						
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:									
_	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277									
101	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS									
Disposition Type CREMATION					Date of Disposition N	ARCH 10,	2016			
DISPOSITION	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
	dorsements									
r.n		d December and Sta	tistics	Roard of Health	/Agent for	: SOUTHBOROUGH				
IT	State Tracking #	d Records and Sta	ustics	Local Permit #	16-3	. Boombokoom				
PERMIT	_	MARCH 09	2016	Date		I 11, 2016				
PE	Date	MARCH U9	, 2 010	Name of Agent		F. HEGARTY				
NO	1			of in accordance with its		ne place and date below:				
ONFIRMATION	Place of Disposi	tion (Facility Name	and Address)		Signatui	re				
R M /										
VFI					X					
0	Disposition Type	2	Date of Dispo	osition	Name of	Superintendent or Authorized	t Designee:			

Acceptance of Permit

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		monwealth of Ma							
		y of Vital Records		State File # 2016 010734					
		OSITION, R		RECEIVED					
0000	RECEIVED OR T	TRANSPOR	TATION	OCME CASE # 2016-3086					
Form	R-309 0701 TODAY OF CLERK'S OFFICE	PERMIT	Γ	APR 07 2016					
				W 16 Q " Easa					
Info	ormation necessary for the Certificate of Peath ha	s been completed	d for:	Southborough Board of Health					
	Decedent Name CAMPBELL JANET HA								
	Place of Deas OUT CORDAVILLE ROAD, SOU	THBOROUGH,	MA						
.	Date of Death MARCH 08, 2016	Dat	te of Birth JU I	NE 26, 1935 Sex FEMALE					
DECEDENT			•	·					
DE	Residence 251 CORDAVILLE ROAD, SOU	I HBUKUUGH,	MASSACHU	SEI 15 01//2					
C	If U.S. veteran, specify war/conflict(s) (most recent) NO								
ā	Branch of military (most recent)	R	ank/organizatio	n/outfit(most recent)					
			-						
	Date entered(most recent) Date	ite Discharged (mo	st recent)	Service Number(most recent)					
æ	Certifier RICHARD J. EVANS, MD			Lic # 58622					
CERTIFIE	Addr. 55 LAKE AVENUE N, WORCES TER, MA	SSACHUSETT	S 01655						
RTI	Immediate Cause of Death								
CE	ATHEROSCLEROTIC CARDIOVASCULAR D	ISEASE							
			•						
Th	is permit authorizes the following Funeral Service	e Licensee or Des	ignee to remo						
7	Funeral Licensee/ Designee NANCY G MORRIS			Lic # 50277					
9	Facility. MORRIS FUNERAL HOME, SOUTHBO	OROUGH, MAS	SACHUSET	rs					
II	Disposition Type CREMATION								
SO	Place/Address			Dute of Disposition Whitech 10, 2010					
DISPOSITION	RURAL CEMETERY, 180 GROVE STREET, W	ORCESTER, M	IASSACHUS	ETTS 01605					
٩	,	•							
En	dorsements								
	Registry of Vital Records and Statistics	Board of Health	/Agent for: SO	UTHBOROUGH					
PERMIT	State Tracking # 010734	Local Permit#	E-PERMIT						
ER.	Date MARCH 09, 2016	Date							
P.	Dute MARCH 05, 2010								
		Name of Agent							
z	I hereby certify that the remains were disposed of in ac	cordance with its	terms at the pla	ce and date be low:					
10	Place of Disposition (Facility Name sand Address)		Signature	_					
[A]	Cremanne		1	0 0 21 0.601					
RA	Place of Disposition (Facility Name and Address) Rural Crove Street		X	John 74 Cohle					
E N	180 GIOT MA	-							
CONFIRMATION	Place of Disposition (Facility Name and Address) RUTAL CYCLE Street RUTAL CYCLE RUTAL CYCLE		Name of Supe	rintendent or Authorized Designee:					
	Ocemation MAR	1 1 2016	1	John H (chill					

Acceptance of Permit

Memation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

John H Coll

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File#

2016 010734 RECEIVED

OCME CASE # 2016-3986

PERMIT

Form R-309 07012014

Inf	ormation neces	ssary for the Certifi	icate of Death h	as been complete	ed for:			22 M	
_	Decedent Name	CAMPBELL ,	JANET H.				- SOUTHB	orough, i	MA
	Place of Death	251 CORDAVILI	LE ROAD, SO	UTHBOROUGH	I, MA				
<u>+</u>	Date of Death	MARCH 08, 2010	6	De	ate of Birth J	UNE 26, 1935	Sex	FEMALE	
DEN	Residence	251 CORDAVILI	LE ROAD, SO	UTHBOROUGE	I, MASSACH	USETTS 01772			
DECEDENT		specify war/conflict(s)	(most recent)						
DE	NO Branch of militar	ry (most recent)		1	Rank/organizati	ion/outfit(most recent)			
	Date entered(mo	sst recent)	D	Date Discharged (me	ost recent)	Service Number(1	most recent)		
S.R.	Certifier RICH	ARD J. EVANS, M	1D			Lic # 58622			
IFIE		E AVENUE N, WO	RCESTER, M.	ASSACHUSETT	rs 01655				
CERTIFIER	Immediate Cause ATHEROSCL	e of Death EROTIC CARDIC	OVASCULAR I	DISEASE					
Th	is permit autho	rizes the following	g Funeral Servic	ce Licensee or De	signee to rem	nove, dispose or trans	sport remains	as listed below	w:
z	Funeral License	e/Designee NANCY	G MORRIS				Lic # 50277		
r10	Facility. MORI	RIS FUNERAL HO	OME, SOUTHE	BOROUGH, MAS	SSACHUSE?	rts			
SI		e CREMATION				$Date\ of\ Disposition$	MARCH 10, 2	2016	
DISPOSITION	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
En	idorsements								
Ĺ	Registry of Vita	al Records and Statist	tics	Board of Health	n/Agent for: S(OUTHBOROUGH			
PERMIT	State Tracking #	010734		Local Permit#	E-PERMIT				
PER	Date	MARCH 09, 20)16	Date		1			
				Name of Agent					
z	I hereby certify	that the remains wer	re di sposed of in a	ccordance with its	terms at the pl	ace and date below:			
CONFIRMATION	Rural Ce 11 Corda	ition <i>(Facility Name an</i> emetery aville Rd., S Grv#4B, Lot	Southborou	ıgh, MA	Signature	G. Allem	1 - 1		
	Disposition Type	Burial L	Date of Disposition March 18,			perintendent or Authoriz			
i 1	of cremate	d remains	,		Bridge	t A. Gilleney	<i>y-</i> Decenzo		

Acceptance of Permit

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Commonwealth of Massachusetts Registry of Vital Records and Statistics CERTIFICATE OF DEATH

State File # 2016 034930

Registered # 153

	Place of Death 19 BROOKWAY DRIVE, SHREWSBURY, MA							
			70 VDC		C	MATE		
	Date of Death AUGUST 10, 2016	Age	78 YRS		Sex	MALE		
	Current Name MAGUIRE, JOSEPH ANDREW							
	Surname at Birth or Adoption MAGUIRE			SSN	031-26	-6067		
	AKA							
1.T	Date of Birth AUGUST 08, 1938 Birthplace MARLBORG	OUGH,	MASS.	ACHUS ETTS				
DE	Residence 19 BROOKWAY DRIVE, SHREWSBURY, MASSACH	IUS ET	TS 0154	5				
DECEDENT	Race WHITE	Educati		RADE, NO DIP	LOMA			
D	Marital Status Occupation/Industry							
	DIVORCED OFFICE MANAGER/TRUCKING		Danada	nt: U.S. Veteran (N	Anat Dana			
	Last Spouse – Last, First, Middle (Surname at Birth or Adoption) MAGUIRE, NANCY (CHAS E)		VIETN	,	aosi Kece	nt)		
	Mother/Parent Name - Last, First Middle (Surname at Birth or Adoption)		Birthpl	ace				
	MAGUIRE, CATHERINE (CHASE)			ACHUS ETTS				
	Father/Parent Name – Last, First Middle (Surname at Birth or Adoption) MAGUIRE, BENEDICT T (MAGUIRE)		Birthpl MASS	ACHUS ETTS				
	Part I. Cause of Death - Sequentially list immediate cause then antecedent causes t	thenund			Interval be	tween onset and death		
	a. Immediate Cause (Final condition resulting in death)				2.7400			
R	PNEUMONITIS b. Due to or as a consequence of:				2 MOS	•		
	FAILURE TO THRIVE				2 YRS.			
FIE	c. Due to or as a consequence of:							
≀T I	ESOPHAGEAL ADENOCARCINOMA				2 YRS.			
CERTIFIER	d. Due to or as a consequence of:							
ΑL	Part II. Other significant conditions contributing to death but not resulting in under	rlying ca	use	Manner of Death:				
MEDICAL				NATURAL				
MEI				Time of Death:	05:00 A	M		
				Result of Injury:	NO			
	Certifier JOSEPH DAIGNEAULT, MD			Lic ‡	# 74792			
ı	Addr. 24 JULIO DRIVE, SHREWSBURY, MASSACHUSETTS 01545	5						
	Funeral Licensee/ Designee NANCY G MORRIS			Lic ‡	[‡] 50277			
N O	Facility/Addr. MORRIS FUNERAL HOME, SOUTHBOROUGH, MAS	SSACH	US ETT:	S				
DISPOSITION	Immediate Disposition BURIAL							
0.8	Date of Immediate Disposition AUGUST 15, 2016					_		
I S P	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, Sandra C. Tright							
Ω	RORAL CEMETERI, II CORDAVILLE ROAD,							
لِ	SOUTHBOROUGH, MASSACHUSETTS 01772							
	ate of Record AUGUST 12, 2016							
D_{i}	ate of Amendment	•	CLERK,	TOWN OF SH	IREWS I	SURY		

DATE ISSUED:

AUGUST 12, 2016

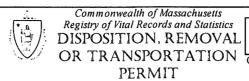
I, the undersigned, hereby certify that I am the Clerk of the Town of Shrewsbury; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records, as held in the Commonwealth's central vital records information repository.

Sandra & Wright

Clerk Town of Shrewsbury







State File # 2016 040916

OCME CASE # 2016-11558

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	CHALIFOUX	, LAURA V	/IRGINÌA						
	Place of Death	1 HIGHRIDGE	ROAD, SOUT	HBOROUGH, MA						
ب	Date of Death	SEPTEMBER	16, 2016	Dat	e of Birth	MAY 01, 1940	Sex	FEMALE		
DECEDENT	Residence 1 HIGH RIDGE ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772									
CEL		S. veteran, specify war/conflict(s) (most recent)								
D E	NO Branch of militar	w (most recent)		R	ank/organ	ization/outfit(most recent)				
		y (most recent)								
	Date entered(mo	st recent)		Date Discharged (mo	st recent)	Service Number(mos	recent)			
	Certifier FARYL SANDLER, MD Lic # 158798									
Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 Immediate Cause of Death ATHEROS CLEROTIC CARDIOVAS CULAR DISEASE										
TIF	Immediate Cause		bos ron, mas	SACTIONET TO VE						
CER		ATHEROS CLEROTIC CARDIO VAS CULAR DISEAS E								
								12 4 11 1		
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Figure 1/1 Figure 2 ANCY C MORPIS									
z	Funeral Licenses	e/Designee NAN (CYG MORRIS			L	ic # 502//			
110	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUS ETTS									
SI	Disposition Type BURIAL Date of Disposition SEPTEMBER 27, 2016									
DISPOSITION	Place/Address ST PETER'S CEMETERY, DREWSVILLE ROAD, WALPOLE, NEW HAMPS HIRE 03608									
۵	SITELERS CEVIETERI, DREWSVILLE ROAD, WALLOLE, IVEW HAWIISHINE 05000									
En	dorsements									
	Registry of Vita	l Records and Stat	tistics	Board of Health	Agent for	: SOUTHBOROUGH				
PERMIT	State Tracking #	040916		Local Permit#	16-15					
ER	Date	SEPTEMBEI	R 21, 2016	Date	SEPTEN	MBER 22, 2016				
-				Name of Agent	JAMES	F. HEGARTY				
\neg	I hereby certify	that the remains u	vere disposed of in	accordance with its	terms at th	e place and date below:				
N 0		tion (Facility Name		accordance with ris	Signatui					
AT	riace of Disposit	ion (Facility Name	ana Adaress)		Signatui	•		,		
Σ				i						
~					l v					
CONFIRMATION	Disposition Type		Date of Disposition		X	Superintendent or Authorized	Dasignaa:			

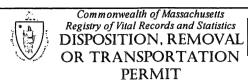
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File #	2016 051552

Information necessary for the Certificate of Death has been completed for:

ŀ										
	Decedent Name	BENJAMIN,	HAROLD	-						
	Place of Death	69 CARRIAGE	HILL CIRCLE,	SOUTHBOROU	GH, MA					
Ŀ	Date of Death	NOVEMBER 2	•		e of Birth	MARCH 28, 1940	Sex	MALE		
DEN	Residence	69 CARRIAGE	HILL CIRCLE,	SOUTHBOROU	GH, MAS	SACHUSETTS 01772				
ECEDENT	If U.S. veteran, s	pecify war/conflict(s) (most recent)							
D E	Branch of milita	ry (most recent)		Rank/organization/outfit(most recent)						
	Date entered(mo	ost recent)	Ĺ	 Date Discharged (mo	- st recent)	Service Number(mos	st recent)			
				-						
△ Certifier HAROLD SOLOMON, MD										
FI	Addr. 25 BOYLSTON STREET, CHESTNUT HILL, MASSACHUS ETTS 02467									
CERTIFIER	Immediate Cause RES PIRATOR									
Ü	ides in the control	Tribent.								
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:									
z	Funeral Licensee! Designee RICHARD S MANSFIELD Lic # EM 5788-3									
	Facility. MILE	S FUNERAL HO	OME, HOLDEN,	MASSACHUSE	TTS					
LIS	Disposition Type	BURIAL				Date of Disposition N	OVEMBER	29, 2016		
DISPOSITIO	Place/Address									
	B'NAI B'RITH CEMETERY, 55 ST. JOHNS ROAD, WORCESTER, MASSACHUSETTS 01603									
-	D NAI D KITI	I CEMETERY,	55 ST. JOHNS R	OAD, WORCES	ΓER, MAS	SSACHUSETTS 01603				
	dorsements	CEMETERY,	55 ST. JOHNS R	ROAD, WORCES	ΓER, MAS	SSACHUSETTS 01603				
En	dorsements	I CEMETERY,				SSACHUSETTS 01603 SOUTHBOROUGH				
En	dorsements	ıl Records and Sta								
En	dorsements Registry of Vita	ıl Records and Sta	tistics	Board of Health	/Agent for:					
	dorsements Registry of Vita State Tracking #	al Records and Sta 051552	tistics	Board of Health	/Agent for: 16-18 NOVEM	SOUTHBOROUGH				
FERMIT	dorsements Registry of Vita State Tracking #	al Records and Sta 051552 NOVEMBER	tistics	Board of Health Local Permit # Date Name of Agent	/Agent for 16-18 NOVEM JAMES	SOUTHBOROUGH BER 30, 2016				
FERMIT	dorsements Registry of Vita State Tracking # Date I hereby certify	al Records and Sta 051552 NOVEMBER	tistics 2 28, 2016 were disposed of in	Board of Health Local Permit # Date Name of Agent	/Agent for 16-18 NOVEM JAMES	BER 30, 2016 F. HEGARTY e place and date below:				
EL TIMATION PERMIT	dorsements Registry of Vita State Tracking # Date I hereby certify	Il Records and Sta 051552 NOVEMBER that the remains v	tistics 2 28, 2016 were disposed of in	Board of Health Local Permit # Date Name of Agent	/Agent for: 16-18 NOVEM JAMES terms at th	BER 30, 2016 F. HEGARTY e place and date below:				
EL TIMBA NOITA	dorsements Registry of Vita State Tracking # Date I hereby certify	Il Records and Sta 051552 NOVEMBER that the remains v	tistics 2 28, 2016 were disposed of in	Board of Health Local Permit # Date Name of Agent	/Agent for: 16-18 NOVEM JAMES terms at th	BER 30, 2016 F. HEGARTY e place and date below:				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



0000159421



State File # 2016 042801

KEDETVED

Form	1 R-309 07012014		LICIVII	4	I C. C.			FFICE	
Info	ormation necessary for the Co	ertificate of Death ha	as been complete	d for:	ZOIL OCT	-4	Р	1: 28	
EDENT	Date of Death Residence OCTOBER 125 CARRIA	GE HILL CIRCLE, 01, 2016 GE HILL CIRCLE,	Da	te of Birth	SOUTHB MARCH 24, 1938 SSACHUSETTS 01			I. MA Sex FEMALE	
DECE	If U.S. veteran, specify war/confit NO Branch of military (most recent) Date entered(most recent) 		, - ate Discharged (mo -		ation/outfit(most recent, Service Num be 		recent	<i>t</i>)	
ERTIFIER	Certifier CHARLES A MORRIS, MD Addr. 75 FRANCIS STREET, BOSTON, MASSACHUSETTS 02115 Immediate Cause of Death PARKINS ON'S DIS EASE								
Th	nis permit authorizes the follo	owing Funeral Service	ce Licensee or De	signee to re	emove, dispose or tra				w:
DISPOSITION	Funeral Licensee/ Designee NA Facility. MORRIS FUNERA Disposition Type CREMATIO Place/Address RURAL CEMETERY, 180	L HOME, SOUTHE ON			Date of Disposition		c# 50		
En	dorsements								
[Registry of Vital Records and	Statistics	Board of Health	/Agent for:	SOUTHBOROUGH				
PERMIT	State Tracking # 042801 Date OCTOBE	ER 04, 2016	Local Permit # Date Name of Agent	OCTOBER 04, 2016					
FIRMATION	I hereby certify that the remai		accordance with its	Signature X		i			
NOS	Disposition Type	Date of Disposition	n	Name of .	Superintendent or Autho	rized L	Design	iee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

2016 042801 State File #

RECEIVED TOWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2016 NOV - 1 1 P 5: 35

Decedent Name MAYTHAM . MARCIA ANN SOUTHBOROUGH, MA 125 CARRIAGE HILL ROAD, SOUTHBOROUGH, MA Place of Death Date of Death **OCTOBER 01, 2016** Date of Birth MARCH 24, 1938 **FEMALE** 125 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Rank/organization/outfit(most recent) Branch of military (most recent) Date entered(most recent) Date Discharged (most recent) Service Number(most recent) Lic # 215790 Certifier CHARLES A MORRIS, MD Addr. 75 FRANCIS STREET, BOSTON, MASSACHUSETTS 02115 Immediate Cause of Death

PARKINSON'S DISEASE

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee NANCYG MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS

Disposition Type CREMATION

Date of Disposition OCTOBER 05, 2016

Lic # 50277

Place/Address

RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics E-PERMIT State Tracking # 042801 Local Permit# **OCTOBER 04, 2016** Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: CONFIRMATION Place of Disposition (Eacility None of Visioness) Signature

180 Grove Street Worcester, MA 01605 Name of Superintendent or Authorized Designee: Date of Disposition Disposition Type remation John

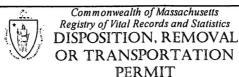
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



0000163542



State File # 2016 046170

	1 K-309 0 / 012014	a a mar fa m tha a Ca arti	Gasta of Dag	th has been completed	l for			
Inte	ormation necess	sary for the Certi	ilicate oi Dea	th has been completed	J 10F;			
	Decedent Name	STONE, TI	мотну і	PICKERING				
	Place of Death	42 MAIN STRI	EET, SOUTI	IBOROUGH, MA		•		
Т	Date of Death	OCTOBER 24,	2016	Dat	te of Birth	SEPTEMBER 03, 1915	Sex	MALE
ENT	Residence			IBOROUGH, MASSA	CHUSE	TTS 01772		
ECED	If U.S. veteran, specify war/conflict(s) (most recent) WWII							
D	Branch of militar	ry (most recent)		R N	ank/organ IAJOR/N	nization/outfit(most recent) IEDICAL DETACHMENT		NFANTRY
	Date entered(most recent)		Date Discharged (mo MAY 21, 1946	st recent)	Service Number(mostr 0439295	ecent)		
~	∠ Certifier EDWARD HOFFER, MD							
FIE	Addr. 655 CONCORD STREET, FRAMINGHAM, MASSACHUSETTS 01702							
CERTIFIE	Immediate Cause of Death SQUAMOUS METASTATIC CANCER							
11	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:							
Z		e/Designee NAN					50211	
SITIO	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition OCTOBER 26, 2016							
	Disposition Type Place/Address	CREMATION				Date of Disposition OC	1 OBER 2	.0, 2010
DISPO	RURAL CEM	ETERY, 180 GF	OVE STRE	ET, WORCESTER, M	IASSAC	HUSETTS 01605		
Er	dorsements							
-	r	al Records and Sta	tistics	Board of Health	/Agent for	: SOUTHBOROUGH		
1	State Tracking #			Local Permit#	16-17			
PERMIT	Date	OCTOBER:	25, 2016	Date	осто	BER 26, 2016		
Ь				Name of Agent	JAMES	F. HEGARTY		
z	I hereby certify	that the remains	were disposed	of in accordance with its	terms at t	he place and date below:		
ATIO	Place of Disposi	ition (Facility Name	and Address)		Signatu	ire		
MA								
NFIRM					X			
	Disposition Type		Date of Disp	osition	Nameo	f Superintendent or Authorized D	esignee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

		00/009		
1	Regis DISI	mmonwealth of Massachusett stry of Vital Records and Statis POSITION, REMOV TRANSPORTATIO PERMIT	tics State File #	2016 046170 RECEIVE TOWN CLERK'S
Inf	ormation necessary for the Certificate of Death h	as been completed for:		2016 DEC 151
Г	Decedent Name STONE, TIMOTHY PICK	ERING		SOUTHBOROUG
	Place of Death 42 MAIN STREET, SOUTHBO	ROUGH, MA		011000
₊	Date of Death OCTOBER 24, 2016	Date of Birth	SEPTEMBER 03, 1915	Sex MALE
EN	Residence 42 MAIN STREET, SOUTHBO	ROUGH, MASSACHUSE	TTS 01772	
DECEDEN	If U.S. veteran, specify war/conflict(s) (most recent) WWII			
ā	Branch of military (most recent) ARMY		ization/outfit(most recent) IEDICAL DETACHMENT	337TH INFANTRY
		Date Discharged (most recent) MAY 21, 1946	Service Number(most 0439295	recent)
æ	Certifier EDWARD HOFFER, MD		Lic # 35453	
FIE	Addr. 655 CONCORD STREET, FRAMINGHA	M, MASSACHUSETTS 01	1702	
CERTIFIER	Immediate Cause of Death SQUAMOUS METASTATIC CANCEER			
TI	nis permit authorizes the following Funeral Servi	ce Licensee or Designee to	remove, dispose or transpor	rt remains as listed belo
7	Funeral Licensee/ Designee NANCYG MORRIS		Li	ic # 502 77
101	Facility. MORRIS FUNERAL HOME, SOUTH	BOROUGH, MASSACHU	SETTS	
SIT	Disposition Type CREMATION		Date of Disposition OC	CTOBER 26, 2016
DISPOSITION	Place/Address RURAL CEMETERY, 180 GROVE STREET,	WORCESTER, MASSACI	HUSETTS 01605	
E	dorsements			
_	Registry of Vital Records and Statistics	Board of Health/Agent for	: SOUTHBOROUGH	
ERMIT	State Tracking # 046170	Local Permit # E-PERM	III	
PER	Date OCTOBER 25, 2016	Date		
1		Name of Agent		

Acceptance of Permit

Place of Disposition (Facility Name and Address)

Commen!

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Signature

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Date of Disposition

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

No. / _ _ /

R-309-10

.16-1

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Charles Lonaldson
Sex M. Date of Death Well 25, 1976
Place of Maybotolegk, Ma
Date of Birth 2, 1890
Immediate Cause Morshage
Certifier
Permit MODILS FW
Disposition Hope Cemeley Worcaster
Name of MOULS FX
Date Permit South 17, 2016

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be rejurned immediately to the issuing City/Town, properly endorsed
to Lever Clerk
(Office issuing permit)
City/Town of SULF DOTOLOGK Mass.
Name of Decedent (ROS LESK) DHOWNSENCE
If a U.S. War Veteran, specify what war, organization, etc.
FUNDOPORTURNIT
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
(Name of cemetery or crematory) (Cry/Town)
on Themen I fall 1, 15754C, EN. 1
on Manche 21, 2016, 101540, EN. 1 Final Disposition To Superial AT Hold Commental World Min
Remum From SEC. 1A, LOTS4C, ENV. 1

If there is no officer in charge, funeral director must sign and return this stub.

DEPARTMENT OF PUBLIC HEALTH

REGISTRY OF VITAL RECORDS AND STATISTICS

REMOVAL) OFFICIAL BURIAL

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

A satisfactory certificate of death having been filed, permission is hereby given to

If a U. S. War Veteran, specify what war, organization, etc......

Residence at time of death ...

R-309

Certified by

PERMIT REMOVAL (OR BURIA

This coupon to be returned immediately, properly endorsed

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms Removal

Southborough. MA

(City or town) (Name of cemetery or crematory) November 16, 2006 From Sec.B-West Lot 430 E

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Agein of Board of lealth, or, in thems where there is no